

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99440 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Emily V. Epps

Sex, Male or Female, { Cross out the word not required in this line. }

female

Age, 24 Years, 11 Months, 20 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore, About 7 years

Place of Death, { Give Street and Number. }

1201 William St

Cause of Death, { First (Primary), Second (Immediate), }

Infl. of Liver
failure of Heart
about 5 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Aloysius

Date of Burial, April 25

{ Undertaker, B. G. G. G.

M. D.

Medical Attendant.

{ Place of Business, 115 West St Address, 115 West St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99441

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Pauline Hayman

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 311 E. Pratt St

Cause of Death, { First (Primary), _____ Second (Immediate), _____ } Typhoid Fever

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom Cemetery

Date of Burial, April 24

{ Undertaker, David Shrens } J. E. Wagell M. D.

{ Place of Business, 626 W. Baltimore Address, 36 S. Enoch } Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99,442 Office of Registrar of Vital Statistics. Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, April 22

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clara Kaufholz

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 58 Years, — Months, — Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, nil

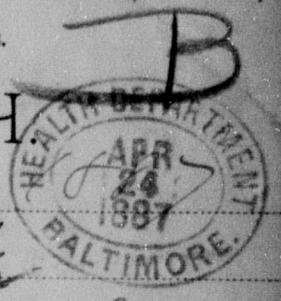
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bavaria

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give Street and Number. } 73 St. Anson

Cause of Death, { First (Primary), Second (Immediate), } Heart - Disease

Duration of Last Sickness, as above



All the above information should be furnished by the Physician.

Place of Burial, Ohel Sholom Cemetery

Date of Burial, April 25

Undertaker, J. Ahrens

Place of Business, 626 W. Baltimore

Medical Attendant, D. Pratt M. D. 408 Y. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99 443 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, April 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hiram Fowler Col.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 19 Years, _____ Months, _____ Days.

Color, Black

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Sailor.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 117 Seldner St

Cause of Death, { First (Primary), Second (Immediate), } Fract. of Skull and rupture of an artery causing a large clot and consequent pressure on the brain - Syncope.

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, St. George's Church

Date of Burial, April 24th 87

Undertaker, Sandall & Haney } J. J. Flannery M. D.

Place of Business, 416 Cross St } Corner Address, 1701 Dr / Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99-444 Office of Registrar of Vital Statistics.

Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Cornell

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 2 Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } St. Vincent's Asylum

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia. Complicated by Diarrhoea - Spasms.

Duration of Last Sickness, one wk

All the above information should be furnished by the Physician.

Place of Burial, New Beach Burial

Date of Burial, April 24, 1887

{ Undertaker, John Masterson }

F. J. Flannery M. D.

Medical Attendant.

{ Place of Business, Division St. } Address, 1701 Dr. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99 445 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23^d 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Robert

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, Years, Months, 15 Minutes Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1319 E Pratt St

Cause of Death, { First (Primary), Second (Immediate), } Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Deed Home Cemetery

Date of Burial, April 25/84

{ Undertaker, E. Francis } James A. Henry M. D.

{ Place of Business, } Address, Long St & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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W. Roberts Inspector

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore. 12

Permit No. 99446 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23, 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Harrison P. Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 Years, 3 Months, 15 Days

Color, *cf*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, *✓*

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2-7

Place of Death, {Give Street and Number.} 61 old number of Fort St

Cause of Death, {First (Primary), Whooping Cough
Second (Immediate), Measles.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Windsor Carroll County Md

Date of Burial, April 25, 1887

Undertaker, Hercules Ross

Place of Business, 404 E. Pratt St Address, 1218 Madison Ave

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99447 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23rd — 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Antonette Bonhage

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 2 Years, 5 Months, 6 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, All its life

Place of Death, { Give Street and Number. } 925 Linden Ave

Cause of Death, { First (Primary), Membranous croup Second (Immediate), Exhaustion }

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 25th 1887

{ Undertaker, Henry H. Mears } 93 E. Rosebury M. D.

{ Place of Business, #413 E Fayette St Address, 1409 John St } Medical Attendant.

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SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99448

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr. 23 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Alice Collins

Sex, Male or Female, { Cross out the word not required in this line. }

Alex Jones

Age, 8 hours Years,

Months,

Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balto

Duration of Residence in the City of Baltimore,

(205)

Place of Death, { Give Street and Number. }

300 Parush Alley

Cause of Death, { First (Primary), }

Second (Immediate),

Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Public an

Date of Burial, April 25 / 1887

Undertaker, Geo. E. Brown

A. H. Warner M. D.

Medical Attendant.

Place of Business, City Hall

Address, 9014. Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23^d 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E. Wilson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 50 Years, 6 Months, Days.

Color, W. Sex,

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 708 Madison av.

Cause of Death, { First (Primary,) Traumatism and corrosive sublimate
Second (Immediate,) asthenia

Duration of Last Sickness, 3 1/2 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 25th April 1887

Undertaker, H. W. Jenkins & Sons Address 937 Madison av.

Place of Business, Park & Saratoga Sts.

J. Schorr Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]